COMPARISON STUDY

OF HEALTH DEPARTMENT SERVICES

IN SIX WESTERN CANADIAN CITIES

REGINA CITY HEALTH DEPARTMENT

January 1982

HIGHLIGHTS OF REPORT

The Western Intercity Survey was done in co-operation with the City Comptroller's Department at the request of the City Manager. The purpose of the survey was to compare the Regina Health Department public health services with those of other major western cities. Some of the aspects addressed were similarities and differences in demographics, staffing levels, programs established and budget comparisons. Therefore in December, 1981, the Medical Health Officers of five other major western cities, namely -- Vancouver, Edmonton, Calgary, Saskatoon and Winnipeg were sent a rather long series of questions to which they were asked to reply. All have completed the questionnaire except Saskatoon. From the latter we have had some verbal answers to key questions. It has been a difficult survey to set up and to analyze since the different health departments, although all having similar programs, are quite individualistic in regard to position classification, program description and budget information. Telephone calls have thus been required for clarification. Statistics regarding demographics (for Regina and Saskatoon) were obtained where possible from provincial and federal documents and are so indicated.

The survey consisted of a demographic budget and staff section, plus separate Public Health Nursing and Public Health Inspection sections. A summary of the report follows. For more detailed information the full report should be consulted. Certain aspects are highlighted on this page as follows:

1. Regina has the lowest per capita budget even after allowances are made for programs such as home care and dentistry that certain other health departments administer and we do not.

2. Regina has the largest native population compared with other western cities.

3. Regina has a lower proportion of supervisory specialist or consultant staff compared to other health departments. This is particularly apparent in the Public Health Nursing and Public Health Inspection divisions.

4. Regina has a large number of schools proportional to population compared to all other cities. The time spent by Public Health Nurses in the preventive health care of school age children ranges from thirty percent in Vancouver to forty-four percent in Edmonton -- Regina's is thirty-seven percent -- the average.

5. All health departments utilized volunteers, each in their own unique way. For Regina, it has been in the are of school vision screening and child health clinics.

In summary, we felt Regina's services were comparable to other major western health departments. An increased number of supervisory/specialist personnel would allow more time for indepth analysis, planning and supervision.

Many persons in the department contributed their efforts, expertise and skills to making this survey possible. In particular, I would like to recognize our Biostatistician, Miss L. Greaves, who did the major portion of the work.

Respectfully submitted,

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DEMOGRAPHICS, BUDGET & STAFF

(1980 unless otherwise indicated)

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1. STATISTICS FOR CERTAIN GROUPS

a) Certain Age Groups

AGE	WINNIPEG #	WINNIPEG %	SASKATOON #	SASKATOON %	REGINA #	REGINA %	EDMONTON #	EDMONTON %	CALGARY #	CALGARY %	VANCOUVER* #	VANCOUVER* %	SASKATCHEWAN #	SASKATCHEWAN %	CANADA #	CANADA %
0 - 4	16,985	6.5	11,293	7.6	13,278	8.3	30,996	6.1	43,340	7.7	19,265	4.7	80,800	8.3	1,783,800	7.5
5 - 19	56,333	21.4	35,910	24.2	40,239	25.0	113,019	22.4	128,435	22.9	81,890	19.8	255,800	26.4	6,078,001	25.4
20 - 64	154,166	58.7	87,007	58.6	92,978	57.7	324,511	64.2	355,160[1]	63.4	253,460	61.2	519,800	53.6	13,792,599	57.4
65 +	35,249	13.4	14,240	9.6	14,647	9.1	37,247	7.4	33,630[2]	6.0	59,765	14.4	113,800	11.7	2,281,900	9.5
TOTAL	262,733	100.0	148,450	100.0	161,142	100.1	505,773	100.1	560,565	100.0	414,380	100.1	970,100	100.0	23,936,300	100.0

COMMENTS: Of the cities surveyed, Regina has the largest percent of the population 19 and under, also for those aged 4 and under. Winnipeg and Vancouver have proportionately more people 65 years and older and fewer children. In Winnipeg's case this reflects that the Health Department is serving primarily the core (older part) of the city whilst the suburbs are under provincial jurisdiction.

Except for the larger portion of children 0-4 years, Regina's demographics tend to be similar to Canada as a whole.

* 1976 population figures here and elsewhere

b) School Population

	WINNIPEG	SASKATOON	REGINA	EDMONTON	CALGARY	VANCOUVER
School Population	33,546	28,471	33,753	118,683	108,696	55,539
Percent of Total Population	12.8	19.2	21.0	23.5	19.4	13.4
Number of Schools	88	83	113	245	250	111
Percent of Time Spent by Nurses in Schools	42	35	37	44	34	30

COMMENTS: The figures reveal that for the number of students Regina has a large number of schools. This increases Public Health Nurses's workload in that there are more individual school administrations with which to deal. The reason for this in Regina is that both systems have a number of schools with very low enrollments (125 or less) as a result of moves by populations with children out of established areas to new areas.

1 = 20-59
2 = 60 +

1. c) Estimated Percentage Native Population

	WINNIPEG	SASKATOON	REGINA	EDMONTON	CALGARY	VANCOUVER
Percent	9	10	15	<0.5	3	<5

COMMENTS: These figures were all estimated by the Medical Health Officers of each jurisdiction. Regina's estimate was based on an extrapolation of data from the federal government report by K. Svenson (1978). It appears that Regina's proportion of native population exceeds those of the other cities.

d) Births

	WINNIPEG	SASKATOON	REGINA	EDMONTON	CALGARY	VANCOUVER
Total Number of Births	3,022	2,568	2,975	9,071	9,781	4,700
Birth Rate (per 1,000 population)	11.5	17.3	18.5	17.9	17.5	11.3
Percent Births to Teenage Mothers	13.6	n/a[3]	13.2	11.2	9.1	6.0
Percent Births to Single Mothers	24.8	n/a	15.2	14.4	12.5	n/a

COMMENTS: Winnipeg and Vancouver have low birth rates reflecting their demographics weighted to the elderly. In most jurisdictions including Regina, births to single mothers and to teenagers are significant problems. A comparison of percentage of births to single mothers for Regina and Canada shows Regina's figures to be almost twice as great as the Canadian figures over the last ten years. A similar comparison over the same time period shows Regina figures to be slightly higher than Saskatchewan figures. In Regina over 50% of single mothers are teenagers.

[3] Data not available

1. e) POPULATION OF SIX WESTERN CANADIAN CITIES, SASKATCHEWAN AND CANADA BY AGE GROUPS

AGE	WINNIPEG[4] #	%	SASKATOON[4] #	%	REGINA[4] #	%	EDMONTON[4] #	%	CALGARY[4] #	%	VANCOUVER[5] #	%	SASKATCHEWAN[4] #	%	CANADA[6] #	%
< 1	16,985	6.5	2,230	1.5	2,712	1.7	39,996	6.1	43,340	7.7	19,265	4.7	16,200	1.7	360,200	1.5
1 - 4			9,063	6.1	10,566	6.6							64,600	6.7	1,423,600	6.0
5 - 9	17,416	6.6	10,758	7.2	12,409	7.7	31,889	6.3	37,695	6.7	22,185	5.4	77,200	8.0	1,775,700	7.4
10-14	17,663	6.7	10,960	7.4	12,281	7.6	34,729	6.9	40,860	7.3	26,670	6.4	82,200	8.5	1,940,800	8.1
15-19	21,256	8.1	14,192	9.6	15,549	9.7	46,410	9.2	49,990	8.9	33,035	8.0	96,400	9.9	2,360,500	9.9
20-24	28,629	10.9	18,435	12.4	18,032	11.2	73,723	14.6	76,280	13.6	42,750	10.3	90,800	9.4	2,331,500	9.7
25-29	26,563	10.1	15,864	10.6	16,107	10.0	61,652	12.2	193,060	34.4	41,830	10.1	79,200	8.2	2,114,500	8.8
30-34	20,251	7.7	11,893	8.0	12,885	8.0	43,405	8.6			27,740	6.7	67,000	6.9	1,941,000	8.1
35-39	13,663	5.2	8,358	5.6	9,225	5.7	30,385	6.0			22,460	5.4	52,000	5.4	1,552,600	6.5
40-44	11,847	4.5	7,259	4.9	8,062	5.0	26,971	5.3			22,315	5.4	45,300	4.7	1,284,400	5.4
45-49	12,467	4.8	6,859	4.6	7,760	4.8	25,577	5.1			23,705	5.7	46,200	4.8	1,250,400	5.2
50-54	13,553	5.2	6,691	4.5	7,560	4.7	25,029	5.0			25,135	6.1	47,700	4.9	1,220,300	5.1
55-59	14,149	5.4	6,216	4.2	7,283	4.5	21,479	4.3	85,820	15.3	23,875	5.8	47,900	4.9	1,164,300	4.9
60-64	13,053	5.0	5,452	3.7	6,056	3.8	16,299	3.2			23,650	5.7	43,700	4.5	934,800	3.9
65-69	11,468	4.4	4,706	3.2	5,060	3.1	13,180	2.6			19,565	4.7	39,000	4.0	820,600	3.4
70-74	9,174	3.5	3,666	2.5	3,779	2.4	9,894	2.0	22,225	4.0			29,400	3.0	605,700	2.5
75-79			2,596	1.8	2,627	1.6	6,694	1.4					21,100	2.2	419,100	1.8
80-84			1,645	1.1	1,679	1.0	3,868	0.8	11,405	2.0	40,200	9.7	12,700	1.3	248,400	1.0
85-89	14,697	5.6	1,076	0.7	979	0.6	1,981	0.4					7,400	0.8	123,700	0.5
90-94			427	0.3	401	0.3	917	0.2					4,200	0.4	64,400	0.3
95 +			124	0.1	122	0.1	393	0.1								
TOTAL	262,733	100.2	148,450	100.1	161,142	100.1	505,773	100.1	560,565	99.9	414,380	100.1	970,100	100.2	23,936,300	100.0

4 = 1980: Sources-Winnipeg (Medical Health Officer), Saskatoon & Regina (S.H.S.P.), Edmonton (Federal Census), Calgary (City of Calgary Corporate Systems & Operations Research Dept.)
5 = 1976: Federal Census
6 = Statistics Canada (Post Censal Estimate of Population 1980)

2. HEALTH DEPARTMENT BUDGETS

	WINNIPEG	SASKATOON	REGINA	EDMONTON	CALGARY	VANCOUVER
Total Expenditures - 1980	$2,905,865	$1,570,000	$1,436,332	$10,567,386[7]	$9,792,007[7]	$16,623,313
Per Capita Total Budget - 1980	$11.06	$10.58	$8.91	$20.89	$17.47	$40.12
- 1971	$5.06	n/a	$3.37	$4.49	$2.64	$6.89
Certain Program Budgets (1980)						
- Home Care	--	--	--	$2,525,454	$2,324,926[8]	$2,816,725
- Long Term Care	--	--	--	--	--	$2,685,433
- Dental	$378,402	--	--	$766,481	--	$733,000
TOTAL	$378,402	--	--	$3,291,935	$2,324,926	$6,275,158
Health Dept. Budget Excluding Above Three Budgets	$2,527,463	$1,570,000	$1,436,332	$7,275,451	$7,467,081	$10,448,155
Per Capita Budget Excluding Above Three Budgets	$9.62	$10.00	$8.91	$14.38	$13.32	$25.21
Total 1981 Budget	$3,474,023	$1,834,000	$1,699,732	$13,251,545	$12,234,681	$18,985,949
Sources of Revenue (Percent)						
- City Revenue	100	68	72	--	--	36
- Provincial Government	--	24	28	100	100	45
- Fees	--	8	<0.1	--	--	5
- School Board	--	--	--	--	--	13
- Miscellaneous	--	--	--	--	--	1

COMMENTS: Since the Regina Health Department is not involved in Home Care, Long Term Care or Dental programs, the per capita costs have been adjusted for the Health Departments that do operate such programs (i.e. Calgary, Edmonton, Vancouver and to a lesser extent Winnipeg). Regina still has the lowest per capita.

Funding sources vary with jurisdiction.

7 - April, 1980 - March, 1981

8 - Includes V.O.N. Contract

3. HEALTH DEPARTMENT STAFF: (1980)

STAFF NUMBERS & RATIOS :

	WINNIPEG	SASKATOON	REGINA	EDMONTON	CALGARY	VANCOUVER[9]
Total Staff Number	129	58.5	59	328.2	305.5	600.5
Staff Number's for certain programs						
- Home Care	-	-	-	34	17.9	101.5
- Long Term Care	-	-	-	-	-	91.5
- Dental	20	-	-	39.7	39	30
TOTAL	20	-	-	73.7	56.9	223
Staff Number's (Excluding above three programs)	109	58.5	59	254.5	248.6	377.5
Ratio of Staff (Excluding above three programs to Population)	1:2410	1:2538	1:2731	1:1987	1:2255	1:1098

9. Some of Vancouver staff numbers were not available

COMMENTS: Regina has the lowest ratio of staff to population of any of the departments.

MANAGEMENT AND SENIOR MEDICAL STAFF:

	WINNIPEG	SASKATOON	REGINA	EDMONTON	CALGARY	VANCOUVER
Medical Health Officer	1	1	1	1	1	1
Associate/Deputy Medical Health Officer	1	-	-	2	1	-
Assistant Medical Health Officer	-	-	1	-	1	1
Physicians (eg. clinic doctors, specialists & non-specialists)	2 (part-time)	-	-	2.6	2	-
Health Units, District Medical Officers	-	-	-	-	-	5

COMMENTS: The management staffing in Regina is reasonably comparable to that in other cities. However, it appears that in the larger cities physicians are hired for certain clinical settings that have specialized services.

PUBLIC HEALTH INSPECTORS

	WINNIPEG	SASKATOON	REGINA	EDMONTON	CALGARY	VANCOUVER
Total Staff	28	5	9	27	24	28
Population	262,733	148,450	161,142	505,773	560,565	414,380
Ratio of Total Public Health Inspectors Staff to Population	1:9383	1:29690	1:17905	1:18732	1:23357	1:14799
Ratio of District Inspectors to Population	1:11944	1:37113	1:2 3020	1:28099	1:35035	1:25899
Director / Chief Inspector	1	1	1	1	1	1
Assistant Chief Inspector	-	-	1	-	-	1
Regional Directors	-	-	-	3	-	2
Senior Inspector	2	-	-	4	6	-
Assistant Senior Inspector	3	-	-	-	-	-
District Inspectors	22	4	7	18	16	16
Complaint Officer	-	-	-	-	1	-.
Temporary Inspector (Formaldehyde)	-	-	-	1	-	-
Specialists	-	-	-	-	-	8

COMMENTS: The Canadian Public Health Association and Canadian Public Health Inspectors Institute recommend a ratio of 1 Inspector per 15,000 population. In staff comparison it is interesting to note that other than Saskatoon & Regina the western cities have developed supervisory Public Health Inspection positions apart from the Director & Assistant Director positions. There have also been specialist positions developed. The existence of these positions, no doubt, has an influence on the District Inspector ratios.

Each city has its own characteristics & problems - e.g. Winnipeg: Area is primarily the core where there are the urban renewal problems, restaurants & small industries & businesses. Calgary & Edmonton are rapidly expanding cities. Calgary stated that they required increased staff in order to keep up. Vancouver is a port city. Regina has the largest native population with accompanying substandard housing problems. Staff ratios are worked out according to Public Health Inspection staff with & without division administration included. It is noted, using total staff, that Vancouver & Winnipeg have more favourable ratios, Edmonton about the same & Calgary & Saskatoon unfavourable. It might be noted that, for a number of years, Saskatoon has had a staffing problem in their Public Health Inspection Division.

If one omits the administration, Regina & Winnipeg have the most favourable ratios. The interpretation of these figures is that we are fairly adequately staffed district-wise, but less so in the specialist/supervisor areas. If one examines these job categories for other cities, this is confirmed.

Thus in Regina, a considerable load is being carried by the Director & his assistant, especially with the number of environmental concerns being referred to the department in recent years. e.g. Hazardous substances, animal & pest control, sewage effluent, Public Health Act Regulations & local Bylaw reviews.

PUBLIC HEALTH NURSES

	WINNIPEG	SASKATOON	REGINA	EDMONTON	CALGARY	VANCOUVER
Total Staff Number	60	38.5	35	182.3	182.9	310
Population	262,733	148,450	161,142	505,733	560,565	414,390
Ratio #1 Ratio of Total Staff to Population	1:4379	1:3856	1:4604	1:2774	1:3065	1:1337
Staff Number's for						
Home Care	-	-	-	34	17.9[10]	101.5
Long Term Care	-	-	-	-	-	91.5
Total	-	-	-	34	17.9[10]	193.0
Staff Number's (Excluding Home Care and Long Term Care)	60	38.5	35	148.3	165	117
Ratio #2 Ratio of Staff (Excluding Home Care and Long Term Care) to Population	1:4379	1:3856	1:4604	1:3411	1:3397	1:3542
Number of Community/ District Nurses	46	26.5	29	88.8	134	95
Ratio #3 Ratio of Community/ District Nurses to Population	1:5712	1:5602	1:5557	1:5696	1:4183	1:4362
Number of Health Aides	-	6	-	18	11	N/A
Number of Staff excluding District Nurses	14	13	6	59.5	31	22
Ratio #4 Ratio of Staff Excluding District Nurses to Population	1:18767	1:12371	1:26857	1:8500	1:18083	1:18836

-(Not include in ratios)

10 = Home Care Service contracted out to V.O.N.

COMMENTS: Various public health nurse to population ratios have been determined on this page. An explanation of the meaning of each ratio follows: Ratio #1 - Ratio of total staff/population: This includes administration, home care, community district nursing, health aids, nursing consultants & nurses in special programs. Regina has the most unfavourable ratio of staff/population of all six western cities. Ratio #2 = Ratio of staff (excluding home care & long term care) to population: Omitting the home care program staff in jurisdictions where applicable, Regina still has the most unfavourable staff to population ratio. Ratio #3 = Ratio of Community District Nurses to population: Winnipeg, Saskatoon, Regina & Edmonton have similar ratios while Calgary & Vancouver have significantly more favourable ratios. Ratio #4 = Ratio of staff excluding District Nurses to Population: This ratio includes all nursing staff except community nurses. Thus it includes administrators, supervisors, consultants, nurses in special programs and health aids. Regina is much the worst compared to all other jurisdictions. Edmonton at one end of the spectrum has 1:8500 and Regina at the opposite end has 1:26857. The average for all jurisdications is 1:17000 population.

It is obvious from the above that Regina lacks staffing in the administrative supervisory, consultant, special program and health aids areas.

Public Health Nurses Co.

ADMINISTRATION

	WINNIPEG	SASKATOON	REGINA	EDMONTON	CALGARY	VANCOUVER
Director	1	1	1	1	1	1
Associate Director	-	-	-	1	1	n/a
Assistant Director	1	-	2	-	1	
Regional/district Supervisors	4	2 *	-	10	-	
Assistant Regional Supervisors	4	-	-	12	-	
TOTAL	10	3	3	24	3	n/a

* This has since increased to 3 in 1981

CONSULTANTS AND NURSES IN SPECIAL PROGRAMS

	WINNIPEG	SASKATOON	REGINA	EDMONTON	CALGARY	VANCOUVER
Consultants	-	-	-	3	-	
Epidemiologist	-	1	-	1	-	
Geriatrics	-	-	-	1	1	
T.B. & V.D. Control	4[11]	-	1	-	-	
Family Planning	-	-	-	-	4	
Hereditary Disease Program Nurse	-	-	-	-	1	
Immunization Nurse	-	2	2	-	-	
Birth Control Clinic	-	-	-	1.5	-	
Aids to Daily Living	-	-	-	1	-	
Others - Duties Unspecified Registered Nurses	-	-	-	-	-	10
Community Health Nurse II	-	-	-	-	-	5
Community Health Nurse III	-	-	-	-	-	6
Charge Nurse	-	-	-	10	-	
Clinic Supervisor	-	-	-	-	11	
TOTAL	4	3	3	17.5	17	21

11 = V.D. only

OTHER HEALTH DEPARTMENT STAFF

	WINNIPEG	SASKATOON	REGINA	EDMONTON	CALGARY	VANCOUVER
Biostatistician/Research Officer	1	-	1	1	-	4
Director of Administration	-	-	-	1	-	
Administrative Assistant	-	-	-	-	1	
Office Supervisor	-	1	-	-	1	
Business & Facilities Manager	-	-	-	-	1	
Budget Accountant	-	-	-	-	1	
Accounting Assistant	-	-	-	1	-	
Clerical	15	7	8	42.6	50	90
Caretaking Staff	n/a	n/a	2	n/a	n/a	
Health Educator	-	1	-	3	2	
Nutritionist	1	1.5	2	4	2	6
Speech Division	-	-	-	7	-	6
Mental Health	-	-	-	6	-	6
Veterinarian	-	-	-	1	-	
Plumbing Inspector	-	2.5	-	-	-	
Social Work Consultants	-	-	-	36.7	-	6
Other - Unspecified	22	-	-	10	35.6	143.5
TOTAL	39	13	13	113.3	93.6	261.5

STAFF DEVELOPMENT AND EDUCATION (Estimate of Time or Budget)

WINNIPEG (1981)

Nursing -- $2,200 Inspectors -- $1,620 Dental -- $200

REGINA

Public Health Nurses -- Time: Inservice = Fifteen sessions (548 hours)
Workshops, Seminars = Twenty-seven sessions (625 hours)
-- Budget: $1,044

Public Health Inspectors -- Budget: $1,225

EDMONTON

Public Health Inspectors -- Fifteen days per Inspector per year

Public Health Nurses -- Outservice: Five days per Nurse per year
-- Orientation: Fifteen days for all new Nurses
-- Orientation to Related Agencies: Three days for all new Nurses
-- Fifteen days per Nurse per year in first two years of employment of seminars in values, attitudes and practice of Public Health Nursin
-- Six to eight half days of total staff inservice
-- One to two hours per month in own region

In addition there are workshops for selected nursing staff covering a variety of topics. There are usually several of these each month.

CALGARY and VANCOUVER

No definite estimates were available from either of these cities; however, representatives of both Health Department administrations agreed that it was considerable in terms of time and budget.

PUBLIC HEALTH NURSING DIVISION

PUBLIC HEALTH NURSING DIVISION
ANSWERS TO QUESTIONNAIRE

Information from cities is reported in the following order:
Winnipeg, Saskatoon, Regina, Edmonton, Calgary, Vancouver

1 COMMUNICABLE DISEASE CONTROL

	W	S	R	E	C	V
1. a) Immunization of: Infants	X		X	X	X	X
Preschool	X		X	X	X	X
School Age	X		X	X	X	X
Adults	X		X	X	X	X
International Travellers	X		X	X	X	X
b) What percent of your immunization procedures are done by private physicians?	85-90		<.5	1	<.2	
c) What percent of the following do you estimate are adequately immunized?						
Infants			89	70	90	
Preschool			87	80	80	
School Age	82		97	95	60-90	85
2. Is there follow-up on tuberculosis cases?	X		X	X	X	X
3. Do you trace contacts regarding sexually transmitted disease?			X			X
4. Do you do surveillance and follow-up of other communicable disease?	X		X	X	X	X
5. Do you do surveillance and monitoring of patients with Rheumatic Fever?	X		X	X	X	X
6. Do you investigate food poisoning cases?	X		X	X	X	X

Comments

1. *Communicable disease control is fairly well standardized. The percent of immunization of children carried out by physicians is dependent on the philosophy of provincial health departments which issue vaccines and on whether a fee is allowed by Medicare. In Manitoba, physicians' fees are covered for immunization. The is not so in Saskatchewan and presumably Alberta. A much better coverage and recording results when health departments (whether provincial or municipal) are the major providers.*

In Alberta, the province is responsible for tracing contacts of sexually transmitted diseases.

All Western City Health Departments are involved in the administration of the Province's Public Health Act as well as any local health bylaw passed by council.

In Regina we are responsible only for the community contact tracing aspect of TB control. Testing and treatment are the responsibility of the Anti-TB league in Saskatchewan.

Information from cities is reported in the following order:
Winnipeg, Saskatoon, Regina, Edmonton, Calgary, Vancouver

11 SCREENING FOR EARLY DETECTION OF PROBLEMS

	W	S	R	E	C	V
1. Examination of newborns at postnatal home visits.	X		X	X	X	X
2. Basic inspection of infants and preschool children.	X		X	X	X	X
3. Developmental screening of infants and preschool children.	X		X	X	X	X
4. Do you use the Denver Prescreening Developmental Questionnaire (D.P.D.Q.)						
- Routinely?			X			
- When Problem Suspected:				X	X	X
5. Do you use the Denver Developmental Screening Test (D.D.S.T.)?						
- Routinely?				X	X	
- At What Ages?				[illegible]	[illegible]	
- What Problem Suspected?	X		X	X	X	X

Comments:

Screening programs are fairly well standardized. There are guidelines laid out by professional organizations (eg American Academy of Paediatrics and Canadian Medical Association Task Force) as to procedure and frequency. Most health departments attempt to follow these guidelines when budget and personnel permit.

In some jurisdictions where nurses aids are hired, they participate in some screening activities.

Screening procedures in both infancy and the school aged child are considered very important since missed pathology often affects adult function detrimentally.

Information from cities is reported in the following order:
Winnipeg, Saskatoon, Regina, Edmonton, Calgary, Vancouver

6. VISION SCREENING:

	AGE GROUP DONE						SCREENING DONE BY? (Nurse, Aid, Volunteer)					
	W	S	R	E	C	V	W	S	R	E	C	V
Infants			X	X	X				N	N	N	
1-2 Years			X	X	X				N	N	N	ORTHOPTIST
3-5 Years	X		X	X	X	X	N		N	A	N	
"Kindergarten			X						N			
Grade 1	X		X		X		N		N		NA	
Grade 2			X		X				NV		NA	
Grade 3			X		X	X			NV		NA	NV
Grade 4	X		X	X	X		N		NV	NA	NA	
Grade 5			X	X					NV	NA		
Grade 6			X	X					NV	NA		
Grade 7	X		X	X		X	N		NV	NA		NV
Grade 8			X						NV			
Grade 9						X						NV
Grade 10	X						N					
Grade 11												
Grade 12	X						N					
Adults			*						N			

* Vietnamese and refugees

Comments:

Vision Screening

It will be noted that Regina does more frequent school vision screening than most health departments, but only Grades Kindergarten and 1 are done totally by the public health nurse. For Grades 2-8 initial screening is done by trained volunteers and only suspected defects referred to the public health nurse for recheck. Authorities recommend a yearly check for this age group.

By Grade 8, about 25% of children will be found to have a problem with vision.

Information from cities as reported in the following order:
Winnipeg, Saskatoon, Regina, Edmonton, Calgary, Vancouver

7. HEARING SCREENING

	AGE GROUP DONE						SCREENING DONE BY? (Nurse, Aid, Volunteer)					
	W	S	R	E	C	V	W	S	R	E	C	V
Infants			X	X	X				N	N	N	V
1-2 Years		X	X		X				N	N	N	V
3-5 Years	X	X	X		X	X	N		N	A	N	V
School												
Kindergarten			X						N			
Grade 1					X						N	
Grade 2												
Grade 3			X						N			
Grade 4												
Grade 5												
Grade 6												
Grade 7												
Grade 8												
Grade 9												
Grade 10												
Grade 11												
Grade 12												
Referrals	X		X		X	X	N		N		N	V
Adults			X						N			

Vietnamese
Language School

Comments:

Hearing screening in schools is done more often in Regina than in other cities; however, it is still not at the minimum frequency of Kindergarten, Grade 1 and 3 recommended by authorities.

8. SCOLIOSIS

	W	S	R	E	C	V
Do you screen girls?	X		X	X	X	
What grades?	7		7-8	7+	7	
Do you screen boys?	Few		X		X	
What grades?			7-8		7	
Do you screen siblings of know cases?	X		X		X	

Information from cities is reported in the following order:
Winnipeg, Saskatoon, Regina, Edmonton, Calgary, Vancouver

Comments:

This involves almost totally girls in grades 7 & 8 in Regina and is not a time consuming activity. The extra grade is an opportunity for follow-up and recheck at an age when 80% of cases appear (in girls).

9. Other screening procedures:

WINNIPEG: Colour Vision-certain courses in Technical School.
2. Mantoux Tests - Immigrant pupils (on parental consent).
3. Rapid screening at beginning of school terms for Pediculosis, Impetigo, etc.

REGINA: PKU & T4 screening blood tests of infants discharged early from Regina hospitals (1%).

EDMONTON: Blood pressure screening on request; PKU & thyroid (those missed in hospitals); Rubella suspectibility of adult women on request; TB screening of Grade 1 & school personnel.

CALGARY: Mantoux testing for TB in sample of elementary schools.

Information from cities is reported in the following order:
Winnipeg, Saskatoon, Regina, Edmonton, Calgary, Vancouver

III HEALTH EDUCATION AND COUNSELLING

	W	S	R	E	C	V
Expectant Parent Classes Taught?	X		X	X	X	X
Types of Classes:						
"Early Bird"						
- taught?			X	X	X	X
- # of classes per session			5	2	2	~~12~~
Regular classes.						
- taught?	X		X	X		X
- # of classes per session	7		5	4		7
Single Mothers						
- taught?	X		X	X	X	X
- # of classes per session	7		5/7	8	10	7
Attendance at Prenatal Classes						
- Females	324		969	2417	146	1962
- Males or Coaches	40		837	1930	6	1214
TOTAL	364		1806	4347	152	3176

Comments:

Expectant parents classes are taught by all jurisdictions. In Calgary, the health department has largely a coordination role but they stated that the intention was to become increasingly involved in actually teaching. In Regina, the Health Department is the only organization teaching infant care and parenting in addition to birth and labour aspects. The majority of those attending our classes are referred by private physicians.

Hospital personnel indicate that parents who attend prenatal classes experience better labour and delivery.

Information from cities is reported in the following order:
Winnipeg, Saskatoon, Regina, Edmonton, Calgary, Vancouver

	W	S	R	E	C	V
2. Do you offer postnatal visits:						
- To all mothers of newborns?	X		X	X	X	X
- If routinely, no. of visits per mother	1		1	1	1	1
- To all mothers of first born only?						
If routinely, no. of visits per mother						

Other criteria:

WINNIPEG: High risk families - more supervision and visits. Child care to single school girls.

REGINA: More frequent visits to high risk infants and mothers with medical and/or social problems.

EDMONTON: All first borns and all those identified from notification of birth as requiring priority observation (high-risk).

CALGARY: "Observation Register" is used to priorize extra follow-up. Placed on register if certain "high risk" criteria met.

Comments: *Practices appear fairly standard.*

	W	S	R	E	C	V
3. Do you offer postnatal classes?	X		X	X	X	X
Attendance: Number of mothers	42			352		
Number of fathers				300		
Number of classes per series	6			1		
4. Do you offer adoptive parents classes?			X			X
Attendance: Number of mothers			27			
Number of fathers			23			
Number of classes per series			3			
5. Do you offer classes to assist parents in providing effective sex education to their children?			X		X	X
Attendance: Number of mothers						
Number of fathers						
Number of classes per series			4			
6. Do you offer child health clinics (i.e. well baby clinics)?						
Attendance: Total	1120		14257	42111	72577	
Number of infants	459		6534	21777	31223	
Number of preschool	416		4433	21113	28213	
Number of school age	245		2268	17731	17731	

Comments:

Postnatal classes, adoptive parent classes and parent sex education classes reach limited numbers of people because of constraints of time and staff etc.

Calgary has recently established a series of six postnatal classes.

All health departments have major child health clinic programs (less so in Winnipeg).

Information from cities is reported in the following order:
Winnipeg, Saskatoon, Regina, Edmonton, Calgary, Vancouver

These are important programs allowing for early detection of developmental, hearing, vision and speech defects, as well as parenting problems. They allow us to maintain a high immunization rate. Similar clinics are operated by the Provincial Health Department.

7. Do you offer a family planning program?

   If so, in what way(s) is it carried out?

WINNIPEG: 1.Counselling and referrals from High Schools.
2. Clinic counselling, examination provision of family planning material (pills, IUDs, etc), follow-up. Family Life Ed. - Jr. & Sr. High.

REGINA: Counselling on home visits, home and office visits, prenatal classes, classrooms (selected).

EDMONTON: Operate full time birth control clinic. Birth control counselling is offered by all Public Health Nurses on request.

CALGARY: Family planning counselling is offered on an individual basis by nurses in their contacts with postnatals and women attending Well Baby Clinics as appropriate. Individuals may be referred to clinical services provided at Calgary Health Services, Family Planning Clinic; Educational programs are provided to groups through the FOCHS Family Planning Programs of Calgary Health Services.

Comments - *See above.*

	W	S	R	E	C	V
8. Do you participate in babysitting classes (e.g. infant and child health and safety)?			X	X	X	X
9. Do you give talks to students in school classrooms?	X		X	X	X	X
If so, how many sessions do you instruct per year?	188		202	500		

Other Comments:
WINNIPEG: 1. Pubertal changes and menstruation.
2. S.T.D.
3. Family planning and teen pregnancy.
4. Breast self-examination.

REGINA: Family life, hygiene, puberty, communicable disease, smoking, alcohol.

EDMONTON: Well Child-general health; family life education, communicable disease and immunization, VD.

CALGARY: Nutrition, personal health habits, maturation, smoking and use of alcohol, etc. Nurse may act as "health consultant" to teachers as Calgary School Systems are developing Family Life and Sex Education programs. and Provincial Department of Education is writing a "health curriculum".

Comments:

Talks to students cover a wide variety of subjects. The comments from Winnipeg, Edmonton apply equally well to Regina.

Information from cities is reported in the following order: Winnipeg, Saskatoon, Regina, Edmonton, Calgary, Vancouver

	W	S	R	E	C	V
10. What percent of your nurses' time is spent in the schools?	42		37	44	34	30
Number of schools served:						
Elementary	66		99	200	250	91
High School	22		15	45		20

Comments:

Percent of Nurses' time spent in schools - range is from 30% in Vancouver to 44% in Edmonton. Regina is 37% - an average. It is interesting to note that we have a high proportion of schools for population served (see statistics section). This is more time consuming for the public health nurse than if there were fewer individual schools.

	W	S	R	E	C	V
11. Do you give talks to groups in the community?	X		X	X	X	X
If so, number of talks given per year.			77			

Other Comments (e.g. topics addressed:)

WINNIPEG:
1. Hygiene.
2. Communicable Disease Control
3. S.T.D.
4. Family Planning

REGINA: Nutrition, hygiene, immunization, child health care and safety, sexuality and family planning.

EDMONTON: Prental and postnatal classes; well child, parenting; family life education; communicable disease; mental health; chronic illness.

CALGARY: Given on request to groups of elderly, early childhood services (teachers and parents), boys and girls clubs, community groups, etc.

Comments:

Comments for all jurisdictions apply equally well to Regina.

	W	S	R	E	C	V
12. Do you offer individual counselling to:						
Students	X		X	X	X	X
Teachers	X		X	X	X	X
Parents	X		X	X	X	X
Adults	X		X	X	X	X

No special comments.

Information from cities is reported in the following order: Winnipeg, Saskatoon, Regina, Edmonton, Calgary, Vancouver

13. Is health counselling offered in the following ways:

	W	S	R	E	C	V
Home visiting	X		X	X	X	X
Child health clinics	X		X	X	X	X
Schools	X		X	X	X	X
Office	X		X	X	X	X
By telephone	X		X	X	X	X

Other ways health counselling is offered:

WINNIPEG: Medical Clinics

EDMONTON: Senior Citizens group settings, hospitals, community centres.

CALGARY: Geriatric screening clinics, schools for unmarried pregnant girls, postnatal classes, special school beginners clinics

No special comments.

14. Do you offer home visits regarding the following:

	W	S	R	E	C	V
Families with multi-problems	X		X	X	X	X
Single teen mothers	X		X	X	X	X
Sudden infant death syndrome	X		X	X	X	X
Suspected child abuse	X		X	X	X	X
Follow-up of discharged hospital patients Re: Myocardial Infarct	X		X	X	X	X

Other major reasons:

WINNIPEG: 1. Chronic illness-mostly maintaining a degree of independent living. 2. Hypertension. 3. Medication supervision. 4. Acute communicable diseases.

REGINA: Multi-problem family, elderly with chronic health problems requiring health supervision.

EDMONTON: On referral

CALGARY: Any referral needing regular surveillance.

VANCOUVER: Operators complete home care program.

COMMENTS: Practices fairly standard between departments.

Information from cities is reported in the following order:
Winnipeg, Saskatoon, Regina, Edmonton, Calgary, Vancouver

	W	S	R	E	C	V
Home assessment (e.g. aids to assist handicapped)			X	X		X
15. Do you participate in a home care program?	X		X	X	X	X
If so, in what way(s): Supervision	X		X	X	X	X
Personal/Bedside Nursing				X		X
Other	X					

Comments:

Regina Health Department participation in Home Care Programs is minor at present and only if health supervision alone is required.

Calgary, Vancouver and Edmonton have major programs. Winnipeg, less so.

IV. VOLUNTEERS

	W	S	R	E	C	V
Are volunteers used by your division?			X	X		X

If so, in what areas and for which functions?

WINNIPEG: Volunteers for kindergarten hearing screening are selected and directed by School Division No. 1 through Child Guidance Clinics.

REGINA: Vision screening in schools; Child Health Clinics-receptionist and clerical.

EDMONTON: Clerical.

CALGARY: In past, catalogued and organized library contents.

VANCOUVER: Child Health Clinics, Travellers immunization clinics, home visiting. In long term care facilities, mainly, although we have a very large volunteer program and do many other things besides.

Comments:

All jurisdictions use volunteers to a degree and in various ways depending on circumstances.

V. OTHER SERVICES

Please list any other services done by your nursing division but not included in the above categories.

WINNIPEG: Three community aides and one Vietnamese interpreter. Handicap registry for school children.

EDMONTON: Periodic health reviews of Grade 7 children; conference with all elementary teachers at least once yearly; registration and follow-up of handicapped children; Poision control-home visiting as requests received from provincial office.

CALGARY: 1) part-time liaison program at Grace Hospital; same being initiated at Holy Cross Hospital in December 1980. Plans for such programs at other hospitals being initiated in 1981. 2) part-time attachment of nurse to Alexandra Health Centre. 3) part-time attachment of nurse to Family Practice Unit, Ambulatory Care Centre. 4) Consultation to daycares, lodges, nursing homes as requested.

VANCOUVER: We have a large long term care program which includes home support services and placements in personal, intermediate and extended care facilities.

Information from cities is reported in the following order:
Winnipeg, Saskatoon, Regina, Edmonton, Calgary, Vancouver

VI FUTURE PROGRAMS

Have you any future program plans? Please list some of those you feel are most important.

REGINA: 3 year old assessment study. Family Life Consultant. Native Community Worker. Increased parenting education. Promotion of senior citizens' health.

EDMONTON: Speech and language screening of kindergarten age children. Hereditary Disease Program-supply information to physicians and counselling to parents of children with hereditary disease. Geriatric Program-expansion of public health nursing services to geriatric population.

CALGARY: Development of pilot project-prenatal classes for high risk prenatals and preconceptual counselling. Proposals for which funding being sought-early discharge program for low risk postnatals (after 48 hrs.) in conjunction with 2 hospitals and home care program (6 months study), secundment of nurses to family practires (study of approx. 3 yrs.), development of a special program for 3-3½yr. olds, service to senior high schools.

VANCOUVER: Improve service to preschool and daycare centres.

PUBLIC HEALTH INSPECTION DIVISION

PUBLIC HEALTH INSPECTION DIVISION

ANSWERS TO QUESTIONNAIRE

Information from cities is reported in the following order:
Winnipeg, Saskatoon, Regina, Edmonton, Calgary, Vancouver

1 FOOD CONTROL AND PROTECTION	Service Done: On Demand Basis						Service Done: Routinely (State No. of Times per Unit per Year)					
	W	S	R	E	C	V	W	S	R	E	C	V
Inspection of food processing plants			X	X	X		8-10		4	1-3	6	6
Inspection of bottling plants			X	X	X		2		2	1-3	5	2
Inspection, grading and certification of restaurants				X	X		8-10		4	1-3	8	6
Inspection and certification of licensed premises			X	X	X		8-10		4	1-3	8	6
Inspection and certification of catering operation			X	X	X		8-10		4	2	8	6
Inspection of retail food outlets			X	X	X		6		3	2	6	2
Inspection of wholesale food stores			X	X	X		6		2	2	6	2
Inspection of meat and fish markets			X	X	X		8-10		3	3	6	6
Inspection of bakeries			X	X	X		8-10		4	3	6	6
Investigation of food poisoning incidents	X		X	X	X	X						

WINNIPEG

1. Soft ice cream sampling program/each machine sampled once/mos.
2. Inspection of institutional food service establishments 4/year i.e. hospitals, personal care homes.
3. Inspection of school feeding areas 4/year.
4. Approval of plans for new construction or renovation on a routine basis.
5. Inspection of food areas during special events (daily if required).
6. Inspection of salvage operators handling food items 8 - 10/year.

1 Comments = 1

Where routine inspections only are indicated it should be assumed that demand services are also provided. The routine inspections in Regina follow provincial health department guidelines.

Inspections done on a complaint basis can take longer than routine ones since often considerable investigative activity and public relations are involved.

Information from cities is reported in the following order:
Winnipeg, Saskatoon, Regina, Edmonton, Calgary, Vancouver

	Service Done											
	On Demand Basis						Routinely (State No. of Times per Unit Per Year)					
II WATER QUALITY AND SOLID WASTE CONTROL	W	S	R	E	C	V	W	S	R	E	C	V
Sampling of drinking water for coliforms and chlorine					X		Bldg Permits 2/W		20 /W	150		wk
Testing of drinking water for hydrazine			X	X								
Monitoring of sewage disposal plants			X	X		X						
Monitoring of landfill sites	X				X				2			12
Investigation of sewage problems in dwellings	X		X	X	X	X						
Investigation of health hazards caused by waste and refuse	X		X	X		X						

III ENVIRONMENTAL CONTROL	W	S	R	E	C	V	W	S	R	E	C	V
Placarding houses unfit for human occupancy	X		X	X	X	X						
Ordering requirement as to structure, light and ventilation	X		X	X	X	X						
Inspection and permits to hotels, motels, trailer courts and swimming pools	Hotels X		X	X	X		C/A Hotels 1/4		2		4	4
Property control -- investigation and enforcement	X		X	X	X	X						
Inspection of the following on request (for such things as light, ventilation, facilities and health hazards)	X		X		X	X						
Public and private nursing homes			X	X	X		X		4		4	12
Hospitals			X	X	X		X					1
Schools			X	X	X		1					1

II & III Comments - In both sections, where routine inspections are indicated, it should be assumed that demand services are also provided as required.

Services appear fairly standardized, except that Regina inspects pools more frequently than average. This is related to the fact that we have had continuing concerns with our paddling pools.

Information from cities is reported in the following order: Winnipeg, Saskatoon, Regina, Edmonton, Calgary, Vancouver

	Service Done											
	On Demand Basis						Routinely (State No. of Times per Unit Per Year)					
	W	S	R	E	C	V	W	S	R	E	C	V
Apartments	X		X	X	X				1			
Rooming houses	X		X	X	X		1		1			
Daycare centres			X	X	X		2		3		3	4
Retail stores	X		X	X	X				2	2		1
Offices	X		X		X	X						
Factories			X		X				1			1
Inspection of barber shops			X	X	X		1		2		3	2
Inspection of beauty parlours			X	X	X		1		2		3	2
Inspection of parks	X		X	X	X				2			3
Inspection of rinks	X		X	X	X				3			
Inspection of pools			X	X	X		2/M		8		4	4
Inspection of recreation facilities	X		X	X	X				4			1
Nuisance Control - investigation	X		X	X	X	X						
Approval of plans for any new or renovated construction	X		X	X	X							

RODENT, INSECT AND ANIMAL CONTROL	W	S	R	E	C	V	W	S	R	E	C	V
Investigation of:												
Insects and rodents	X		X	X	X	X						
Pets	X		X	X	X	X						
Dog and animal bites	X		X		X	X						

Other services or comments WINNIPEG: Provide technical advice and services for the extermination of feral pigeons and gackles.

V HEALTH EDUCATION	W	S	R	E	C	V	W	S	R	E	C	V
Talks to community groups	X		X		X							125
Courses in food control	X		X		X					8	210	100
Courses for swimming pool operators			X		X							1
Educational seminars	X		X			X						
Handling individual questions and complaints	X		X	X	X	X						
Preparation of educational material (e.g. pamphlets, slide tape presentations)	X		X		X	X						

Other services or comments

EDMONTON: Health Education is independant from Environmental Health Division (public health inspection)

IV Comments - Nil

V Comments - Health education is an important role and function. It will be noted on the last page that nearly all Health Departments wish to upgrade food control (restaurant, etc.) courses.

Information from cities is reported in the following order: Winnipeg, Saskatoon, Regina, Edmonton, Calgary, Vancouver

VI POLLUTION CONTROL

	Service Done: On Demand Basis						Service Done: Routinely (State No. of Times per Unit per Year)					
	W	S	R	E	C	V	W	S	R	E	C	V
Air -- testing for carbon monoxide and formaldehyde in public places	X		X	X	X	X						
Noise -- investigating noise pollution			X	X	X	X						
Odour -- investigation	X		X	X	X	X						

Other services or comments: WINNIPEG: Provide advice and support service in asbestos detection and removal. Tagging of materials as a holding procedure prior to ultimate disposal (i.e. PCBs)
REGINA: CO monitoring in rinks
VANCOUVER: Air pollution routinely carried out by regional government

Comments - Over the past five-six years, Regina has had a major CO monitoring program in arenas because of the high levels observed. Recommendations were made regarding remedies. The Provincial Health Department has given us special equipment for formaldehyde monitoring.

VII ANY OTHER SERVICES

WINNIPEG: Provide advice and technical information on emergency measures.

CALGARY: Dairy plant inspection and milk product sampling. Approval of all plans for food establishments.

VANCOUVER: Licensing of adult and child care facilities. Private home testing of pollutants (i.e. UFFI). Inspection of marinas. Recreation water sampling. Microwave (commercial) testing program. Member of Subcommittee of Development Permit Board. Radiation monitoring (Tanning studios). Mandatory competency exam for food operators (restaurant).

No comments received from Edmonton and Saskatoon.

VIII FUTURE PROGRAMS

Have you any future program plans? Please list some of those you feel are most important.

WINNIPEG: We are at present involved in the certification of our Food Inspectors in regard to the standarization of inspectors in the use of Food Service Establishment Rating Forms (attached). We are planning to introduce a mandatory training program for food handlers.

REGINA:
- Routine food handling courses
- Routine swimming pool operating courses
- Routine monitoring of air and water samples
- Upgrading standards in our eating establishments
- Upgrading standards in housing

EDMONTON: No comments given

CALGARY: No comments given

VANCOUVER:
- Routine air pollution program (indoor/outdoor)
- Routine sound abatement program
- Expansion of personal services supervision
- Upgrading of restaurant supervisory personnel, training and examination
- Testing and abatement of toxic substances (i.e. lead, etc.)

Comments - The above questionnaire did not delve into numbers of telephone inquiries from the public and other professionals. In all health department organizations, senior division members are involved in committees, developing policies and/or bylaws and attempting to solve whatever problems are current in that particular city.